

Republic of the Philippines
LOCAL GOVERNMENT UNIT OF GUBAT
Manook St., Gubat, Sorsogon

Notice of Award

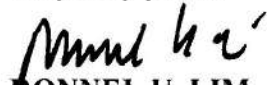
June 22, 2023

MS. ROSE CINDIC A. ERESTAIN
UNIMEDS DRUGSTORE
Brgy. Macabog, West District
Sorsogon City

Dear Madam:

We are happy to notify you that your Bid dated June 19, 2023 or execution of the **Medicine for MHO use (NTP Program) with reference no. PR 984**, for the Contract Price of equivalent to **ONE HUNDRED THIRTY-THREE THOUSAND FIFTY-SIX PESOS (Php133,056.00)** as corrected and modified in accordance with the Instructions to Bidders is hereby accepted.

Very truly yours,



RONNEL U. LIM
Municipal Mayor

Conforme:



ROSE CINDIC A. ERESTAIN
UNIMEDS DRUGSTORE

Date: _____

Republic of the Philippines
LOCAL GOVERNMENT UNIT OF GUBAT
Manook St., Gubat, Sorsogon

NOTICE TO PROCEED

June 29, 2023

MS. ROSE CINDIC A. ERESTAIN
UNIMEDS DRUGSTORE
Brgy. Macabog, West District
Sorsogon City


Dear Madam:

The attached Contract Agreement having been approved; notice is hereby given to **UNIMEDS DRUGSTORE**, that work may commence on the **Medicine for MHO use (NTP Program)** with **reference no. PR 984** effectively after the receipt of this notice.

Upon receipt of this notice, you are responsible for performing the services under the terms and conditions of the Agreement and in accordance with the Implementation Schedule.

Please acknowledge receipt and acceptance of this notice by signing both copies in the space provided below. Keep one copy and return the other to the Local Government Unit of Gubat.

Very truly yours,


RONNEL U. LIM
Municipal Mayor

I acknowledge receipt of this Notice on _____

Name of the Representative of the Bidder: **ROSE CINDIC A. ERESTAIN**

Authorized Signature:  _____

PURCHASE ORDER (SF-GOOD-58)
Local Government Unit - Gubat, Sorsogon

984

Supplier	: UNIMEDS DRUGTORE (/)	P.O. No.	: 1991
Address	: SORSOGON CITY	Date	: JUN 28 2023
E-mail Address	:	Mode of Procurement	
Telephone No.	:	Small Value Procurement (NP)	
TIN	:		

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery	P.O. No.
Date of Delivery	Date

Stock No.	Unit	DESCRIPTION	QTY.	Unit Cost	Amount
1	tablet	Isoniazid 75mg + Rifampicin 150 mg (Anti-TB Drugs - Maintenance Phase) (/)	16800	7.92	133,056.00

ONE HUNDRED THIRTY THREE THOUSAND FIFTY SIX PESOS ONLY

133,056.00



Very truly yours,

Rommel U. Lim
RONNEL U. LIM
Municipal Mayor

Conforme;

[Signature]
UNIMEDS DRUGTORE

Signature over printed name of Supplier

Date

Funds Available:

ALOBS. No.

AVA E OBRIQUE